

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3078

State File No.

318

1003

611

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2214</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2672 Lucas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2672 Lucas</u>				d. STREET ADDRESS (If rural, give location) <u>2672 Lucas</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jayrell</u> b. (Middle) <u>Jullivan</u> c. (Last) <u>Jullivan</u>				4. DATE OF DEATH (Month) <u>1</u> (Day) <u>4</u> (Year) <u>50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1-15-1921</u>	
9. AGE (In years, if under 1 year, last birthday, if under 1 month, Days) <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during week of working life, even if retired) <u>Wick</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wick</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Wick</u>			
13b. MOTHER'S MAIDEN NAME <u>Wick</u>				14. NAME OF HUSBAND OR SLEP <u>Wick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Wick</u>				16. SOCIAL SECURITY NO. <u>Wick</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Patrick E. Taylor</u>				18. ADDRESS <u>2000</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(SC/420515)</u> DUE TO (c) <u>Thromb</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thromb</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>1</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>5-18</u> to <u>5-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>50</u> , and that death occurred at <u>St. Louis</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick E. Taylor</u>				23b. ADDRESS <u>1500 Clark</u>			
23c. DATE SIGNED <u>1/18/50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>17</u>			
24b. DATE <u>JAN 20 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 20 1950</u>				ADDRESS <u>4104 Manchester Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ as by Student
at College of Mortuary Science Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Hemon

Licensed Embalmer No. 3791

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.